When do you need antibiotics for sinusitis?
When do you need a bone density test?
When do you need a Pap test?
When do you need imaging tests for lower back pain?
When do you need antibiotics for sinusitis?
When do you need an imaging test for a headache?
How should you treat heartburn and GERD?

The American Board of Internal Medicine (ABIM) has embarked on a noble campaign to reduce health care expenditures by avoiding wasteful tests and treatments. It is a great campaign that addresses our collective pet peeves: CT scans for syncope and antibiotics for sinusitis. It is an impressive list. Not only does it give physicians food for thought before ordering tests but it also provides patients with lists of questions to ask their doctors.

But wait a minute... Let's face it. It is easier to treat patients with limited health literacy or who have no questions to ask. The explanations are detailed but easier on the physician, who can redirect time that would otherwise be used answering questions.

Why on earth, then, would we as a medical community support a campaign that asks us not only do less but invites our patients to question us? Just as we were falling into our comfort zone of algorithms and “cookbook” medicine. Just as we started ordering Pap smears by the dozens and as many A1Cs as the EHR would allow—all in the name of population health—along comes a campaign that puts the breaks on the auto-pilot systems we have grown to love and cherish. Now our nurse practitioners, medical assistants, and nurses are feeling empowered and getting comfortable ordering tests and medications for the populations we manage.

In my community, we have seen an explosion of minute clinics providing routine care from quickie physicals to sinusitis treatment all for $25 and without the hassle of a wait. The following testimonial on http://www.yelp.com/biz/minute-clinic-chicago-2 says it all:

Developed another sinus infection. Didn’t feel like dealing with a wait to get in to see my primary care physician. Walked over to the Minute Clinic and got right in. Had the exam, the consultation, and received my prescription, all in less than 20 minutes. Insurance covered it (Blue Cross), so all it cost was the regular office co-pay. Not sure why I’ve never done this before when I’ve had something so routine. Will definitely use them again in the future.

I presented the Choosing Wisely campaign information to our physicians and administrators at my hospital. Not unexpectedly, the issue of tort reform was cited as the number one reason for ordering tests, followed by patient satisfaction surveys and conflicting data about best practices, most notably the controversy surrounding prostate cancer screening. Then, the nexus of the evil insurance companies denying basic services such as DEXA scans was mentioned by some physician colleagues as the reason behind the campaign. The general sense of the medical community was a sense of fatalism—you are damned if you do and damned if you don’t.

How then can we ensure that physicians who take up the cause of campaigns such as Choosing Wisely are successful in the practice of medicine and don’t get penalized? I believe that it is all about the messaging and developing partnerships with all groups in health care—including patients! Drivers of health care costs are not simply physicians, hospitals, and health care systems but also patients, payers, and physician extenders who are all part of the bigger picture. We need everyone to buy in. The ABIM Foundation should consider partnering with prominent patient advocacy groups such as Society for Participatory Medicine, news media, and physicians through repeated messages within their local organizations. We learned a valuable lesson with health care reform—unless the messaging is optimal and all parties are equally invested from the beginning, the campaign will not be as successful as it deserves to be.

Reference